

**1. Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☒ Small entity status has been established and is still effective.
- ☐ No longer effective.

**2. Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| EXTENSION<br>(Months) | FEE FOR LARGE ENTITY |            | FEE FOR SMALL ENTITY |          |
|-----------------------|----------------------|------------|----------------------|----------|
| One Month             |                      | \$110.00   |                      | \$55.00  |
| Two Months            |                      | \$400.00   |                      | \$200.00 |
| Three Months          |                      | \$920.00   | X                    | \$460.00 |
| Four Months           |                      | \$1,440.00 |                      | \$720.00 |
| Fifth Month           |                      | \$1,960.00 |                      | \$980.00 |

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$460.00

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$\_\_\_\_\_

**Extension Fee Due With This Request \$460.00**

**3. Fee for Claims**

- ☐ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

|  |                                  |                                 |    |               | SMALL ENTITY |                | OTHER THAN A SMALL ENTITY |                |
|--|----------------------------------|---------------------------------|----|---------------|--------------|----------------|---------------------------|----------------|
|  | Claims Remaining After Amendment | Highest No. Previously Paid For |    | Present Extra | Rate         | Additional Fee | Rate                      | Additional Fee |
| TOTAL  | 45                               | MINUS                           | 45 | = 0           | X 9=         | \$0.00         | X18=                      |                |
| INDEP.   | 7                                | MINUS                           | 7  | = 0           | X42=         | \$0.00         | X84=                      |                |
| First Presentation of Multiple Dependent Claim |                                  |                                 |    |               | +140=        | \$0.00         | +280=                     |                |
| <b>TOTAL ADDITIONAL FEE</b>                    |                                  |                                 |    |               |              | \$0.00         | <b>OR</b>                 |                |

**4. Method of Payment of Fees**

- ☒ Attached is a check in the amount of: \$460.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$\_\_\_\_\_

A copy of this Transmittal is enclosed.

**5. Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN  
6300 Sears Tower  
233 South Wacker Drive  
Chicago, Illinois 60606-6357  
(312) 474-6300

By:

  
James A. Flight  
Registration No.: 37,622